

United States Bankruptcy Court
Northern District of Ohio

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): LeClair, Wayne Scott		Name of Joint Debtor (Spouse) (Last, First, Middle): LeClair, Debra Susan																																																															
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																																																															
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-3871		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1010																																																															
Street Address of Debtor (No. and Street, City, and State): 5227 Wiltshire Road North Royalton, OH		Street Address of Joint Debtor (No. and Street, City, and State): 5227 Wiltshire Road North Royalton, OH																																																															
ZIP Code 44133-6557		ZIP Code 44133-6557																																																															
County of Residence or of the Principal Place of Business: Cuyahoga		County of Residence or of the Principal Place of Business: Cuyahoga																																																															
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																																																															
ZIP Code		ZIP Code																																																															
Location of Principal Assets of Business Debtor (if different from street address above):																																																																	
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other																																																															
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13																																																															
Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.																																																															
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (<i>amount subject to adjustment on 4/01/13 and every three years thereafter</i>). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																																																															
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																																																																	
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table> Estimated Assets <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 12.5%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>				<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	OVER 100,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	THIS SPACE IS FOR COURT USE ONLY										
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
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Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): LeClair, Wayne Scott LeClair, Debra Susan	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: - None -	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: - None -	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A		Exhibit B	
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		(To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X /s/ Stephen D. Hobt Signature of Attorney for Debtor(s) (Date) Stephen D. Hobt 0007681	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue			
(Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property			
(Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
(Name of landlord that obtained judgment)			
(Address of landlord)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

LeClair, Wayne Scott**LeClair, Debra Susan****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Wayne Scott LeClairSignature of Debtor **Wayne Scott LeClair****X /s/ Debra Susan LeClair**Signature of Joint Debtor **Debra Susan LeClair**

Telephone Number (If not represented by attorney)

September 16, 2012

Date

Signature of Attorney***X /s/ Stephen D. Hobt**

Signature of Attorney for Debtor(s)

Stephen D. Hobt 0007681

Printed Name of Attorney for Debtor(s)

Stephen D. Hobt

Firm Name

**1370 Ontario Street, Suite 450
Cleveland, OH 44113-1744**

Address

Email: shobt@aol.com**(216) 771-4949 Fax: (216) 771-5353**

Telephone Number

September 16, 2012

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court
Northern District of Ohio

In re Wayne Scott LeClair
Debra Susan LeClair

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Wayne Scott LeClair

Wayne Scott LeClair

Date: September 16, 2012

United States Bankruptcy Court
Northern District of Ohio

In re Wayne Scott LeClair
Debra Susan LeClair

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

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Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Debra Susan LeClair
Debra Susan LeClair

Date: September 16, 2012

United States Bankruptcy Court
Northern District of Ohio

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

Chapter _____

7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	3	447,000.00		
B - Personal Property	Yes	4	98,109.23		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	2		889,202.25	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	5		60,670.82	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	19		1,294,863.33	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	9			
I - Current Income of Individual Debtor(s)	Yes	1			8,341.95
J - Current Expenditures of Individual Debtor(s)	Yes	2			7,591.70
Total Number of Sheets of ALL Schedules		48			
			Total Assets	545,109.23	
					Total Liabilities
					2,244,736.40

United States Bankruptcy Court
Northern District of Ohio

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

Chapter _____

7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.	Fee simple	J	297,000.00	740,458.61
Real property and rental located at 2011 Highway 17N, Unit 1900B and Garage Unit Number 603, Mount Pleasant, South Carolina; TMS: 558-00-00-726 (Unit 1900B) TMS: 558-00-00-867 (Garage Unit 603); See attached legal description.	Fee simple	J	150,000.00	148,743.64
			Sub-Total > 447,000.00	(Total of this page)
			Total > 447,000.00	

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

100%
*
200202121596

CUYAHOGA COUNTY RECORDER
PATRICK J. O'MALLEY
DEED 02/12/2002 04:07:24 PM
200202121596

FIDUCIARY DEED
(Statutory Form O.R.C. §5302.09)

Know All By These Presents:

That National City Bank, Guardian for the Estate of Loretta Komarek, **GRANTS, WITH FIDUCIARY COVENANTS** for good and valuable consideration to Wayne S and Debra S Le Clair, whose tax-mailing address is 5227 Wiltshire Road, North Royalton, Ohio 44133, the following real property:

Parcel No. 1:

Situated in the City of North Royalton, County of Cuyahoga, and State of Ohio, and known as being Sublot No. 5 in R. & I. Stachur and I. & O. Horodysky Subdivision of part of Original Royalton Township Section No. 15, as shown by the recorded plat in Volume 210 of Maps, Page 76 of Cuyahoga County Records, and being 111.18 feet front on the Southeasterly side of Wiltshire Road and extending back 170 feet on the Southwesterly line, 170 feet on the Northeasterly line and having a rear line of 103.10 feet, as appears by said plat.

Parcel No. 2:

Situated in the City of North Royalton, County of Cuyahoga, and State of Ohio, and known as being part of Original Royalton Township Section No. 15 and described as follows: Beginning at the Southwest corner of Sublot No. 5 in the R. & I. Stachur and I. & O. Horodysky Subdivision, as shown by the recorded plat in Volume 210 of Maps, Page 76 of Cuyahoga County Records, and being the principal place of beginning; thence South 6 degrees 05' 40" East a distance of 229.23 feet to a point; thence South 0 degrees 25' 35" East, a distance of about 136 feet to a point; thence South 88 degrees 27' 15" East, a distance of 102.66 feet to a point; thence North 0 degrees, 25' 35" West, a distance of about 150 feet to a point; thence North 7 degrees 35' 11" West, a distance of 266.49 feet to the Southeast corner of Sublot No. 5 in the R. & I. Stachur and I. & O. Horodysky Subdivision as aforesaid; thence South 63 degrees 03' 42" West, along the Southerly property line of Sublot No. 5, a distance of 81.12 feet to a point; thence South 61 degrees 42' 10" West, along the Southerly property line of Sublot No. 5, a distance of 21.98 feet to the principal place of beginning.

P.P. No.: 486-15-029 & 486-15-019

IN WITNESS WHEREOF; the Grantor has hereto set its hand, the 14 day of December,

2001 at Cleveland, Ohio.

Signed and acknowledged in the presence of:

Vicki A. Mettler
[Signed Name]

Vicki A. Mettler
[Printed Name]

ROBERT KLAIBER P.E., P.S.
Legal Description complies with
Cuyahoga County Conveyance
Standards and is approved for
transfer:
FEB 12 2002

Agent _____ Date _____

CUYAHOGA COUNTY RECORDER
200202121596 PAGE 1 of 2

National City Bank, Guardian of the Estate of
Loretta Komarek

By Robert A. Dinsdale
Its Vice President

Frank Russo
CUYAHOGA COUNTY AUDITOR

PARCEL NO. 486-15-09-009
CONVEYANCE IS IN COMPLIANCE WITH SEC 319.202 O.R.C.
PAID

FEB 12 2002

Conveyance Fee 1376.00 Receipt No. 3686
TYPE APMIS LENGTH YES NO
FRANK RUSSO Cuyahoga County Auditor by Deputy

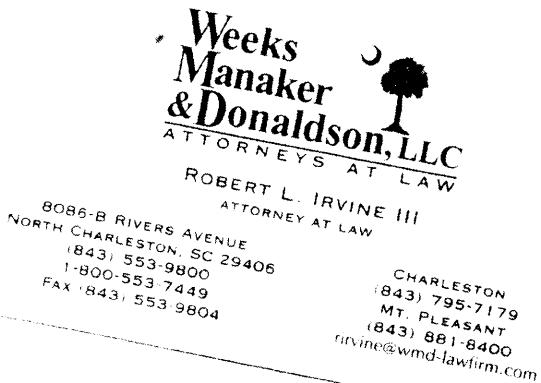
LEGAL DESCRIPTION

ALL that certain Unit, situate, lying and being in Charleston County, State of South Carolina, known and designated as Unit Number 1900B and Garage Unit Number 603 in THE MERIDIAN Horizontal Property Regime as shown on the plans and specifications attached to The Master Deed Establishing THE MERIDIAN Horizontal Property Regime, dated November 10, 2005, and recorded in the RMC Office for Charleston County in Book J563 at Page 344 and as amended in the First Amendment to Master Deed in Book J565 at Page 507, and any amendments thereto; together with the undivided percentage interest in the General Common Elements of the property described in said Master Deed appurtenant thereto.

BEING the same property conveyed to Wayne S. Leclair and Debra S. Leclair by Deed of Montecito Palmetto Plantation, LLC, said Deed being dated March 23, 2006 and recorded in the RMC Office for Charleston County in Book F579 at Page 106.

TMS#: 558-00-00-726 (Unit 1900B)

TMS#: 558-00-00-867 (Garage Unit 603)



In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		Cash on hand with Debtors	J	120.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Funds on deposit in checking account number xxxx3546 with KeyBank, N.A.	J	397.00
		Funds on deposit in checking account number xxxxxxxx1590 with KeyBank, N.A.	J	54.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		Miscellaneous household goods and furnishings	J	2,200.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Miscellaneous books and pictures	J	200.00
6. Wearing apparel.		Miscellaneous clothing	H	350.00
		Miscellaneous clothing	W	400.00
7. Furs and jewelry.		Wedding ring	W	500.00
		Watch	H	250.00
		Ring	H	150.00
		Diamond earrings	W	400.00
		Miscellaneous costume jewelry	W	100.00
8. Firearms and sports, photographic, and other hobby equipment.		Treadmill and weights	J	300.00
		Pistol	J	200.00
			Sub-Total > (Total of this page)	5,621.00

3 continuation sheets attached to the Schedule of Personal Property

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		Bicycle	J	150.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Interest in 20 payment life insurance policy number xxx xxx 605 M through Metropolitan Life Insurance Company - beneficiary is husband (no cash surrender value)	W	0.00
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)		Interest in 529 College Advantage Savings Plan through Ohio Tuition Trust Authority (contributions monthly of \$100.00 through September 2012)(beneficiary is son)	W	3,895.86
		Interest in 529 College Advantage Savings Plan through Ohio Tuition Trust Authority held by Fifth Third Bank (contributions monthly of \$100.00 through September 2012)(beneficiary is son)	W	2,605.34
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		100% of the stock of Leclair Custom Cabinetry Inc. (defunct)	H	0.00
		100% of the membership interests in Spot 1 Ltd.	J	0.00
		Interest in traditional IRA held by Key Investment Services	H	3,207.10
		Interest in Parma Community General Hospital 401(K) Plan	W	74,341.97
		Interest in Leclairs Custom Cabinetry 401(k) Plan	H	635.64
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		41.1945 shares of Manulife Financial Corporation DR & Share Purchase Plan	H	452.32
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
Sub-Total > (Total of this page)				85,288.23

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Possible income tax refunds for tax years 2011 and 2012 (2010 federal and state income tax refunds totaled \$8,841.00 with a \$1,000.00 additional child tax credit)	J	Unknown
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2002 Ford Focus (98,500 miles)	H	3,500.00
		1997 Ford F350 pickup (135,000 miles and poor condition)	H	1,200.00
		2005 Appalachian 16-Ft. Diamond deck trailer	H	400.00
			Sub-Total > (Total of this page)	5,100.00

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
		2005 Polaris Sportsman 700 ATV	H	900.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		Computer and printer	J	1,200.00
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		2 dogs and 1 turtle	J	0.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
			Sub-Total > (Total of this page)	2,100.00
			Total >	98,109.23

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

Sub-Total >	2,100.00
(Total of this page)	
Total >	98,109.23

(Report also on Summary of Schedules)

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Real Property			
Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.	Ohio Rev. Code Ann. § 2329.66(A)(1)	43,250.00	297,000.00
Cash on Hand			
Cash on hand with Debtors	Ohio Rev. Code Ann. § 2329.66(A)(3)	120.00	120.00
Checking, Savings, or Other Financial Accounts, Certificates of Deposit			
Funds on deposit in checking account number xxxx3546 with KeyBank, N.A.	Ohio Rev. Code Ann. § 2329.66(A)(3)	397.00	397.00
Funds on deposit in checking account number xxxxxxxx1590 with KeyBank, N.A.	Ohio Rev. Code Ann. § 2329.66(A)(3)	54.00	54.00
Household Goods and Furnishings			
Miscellaneous household goods and furnishings	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	2,200.00	2,200.00
Wearing Apparel			
Miscellaneous clothing	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	350.00	350.00
Miscellaneous clothing	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	400.00	400.00
Furs and Jewelry			
Wedding ring	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	500.00	500.00
Watch	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	250.00	250.00
Ring	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	150.00	150.00
Diamond earrings	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	400.00	400.00
Miscellaneous costume jewelry	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	100.00	100.00
Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans			
Interest in traditional IRA held by Key Investment Services	Ohio Rev. Code Ann. § 2329.66(A)(10)(c)	3,207.10	3,207.10
Interest in Parma Community General Hospital 401(K) Plan	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)	74,341.97	74,341.97

1 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

(Continuation Sheet)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Interest in Leclairs Custom Cabinetry 401(k) Plan	Ohio Rev. Code Ann. § 2329.66(A)(10)(b)	635.64	635.64
Stock and Interests in Businesses 41.1945 shares of Manulife Financial Corporation DR & Share Purchase Plan	Ohio Rev. Code Ann. § 2329.66(A)(3) Ohio Rev. Code Ann. § 2329.66(A)(18)	279.00 173.32	452.32
Other Liquidated Debts Owing Debtor Including Tax Refund Possible income tax refunds for tax years 2011 and 2012 (2010 federal and state income tax refunds totaled \$8,841.00 with a \$1,000.00 additional child tax credit)	Ohio Rev. Code Ann. § 2329.66(A)(18) Ohio Rev. Code Ann. §2329.66(A)(9)(g) To the extent of the additional child tax credit ONLY.	976.68 100%	Unknown
Automobiles, Trucks, Trailers, and Other Vehicles 2002 Ford Focus (98,500 miles)	Ohio Rev. Code Ann. § 2329.66(A)(2)	3,450.00	3,500.00
1997 Ford F350 pickup (135,000 miles and poor condition)	Ohio Rev. Code Ann. § 2329.66(A)(18)	1,150.00	1,200.00
Office Equipment, Furnishings and Supplies Computer and printer	Ohio Rev. Code Ann. § 2329.66(A)(5)	1,200.00	1,200.00

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTO R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DATE D I S P U N L I Q U I D A T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxxxxx1070		August 22, 2003 First Mortgage Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.		116,960.99	0.00
CCO Mortgage Corporation Attention: Customer Service P.O. Box 6260 Glen Allen, VA 23058-6260	J	Value \$ 297,000.00			
Account No. 4266 5142 2525 xxxx		2010 through 2012 Judgment Lien Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.		89,408.17	89,408.17
Chase Bank USA, N.A. Cardmember Services P.O. Box 15298 Wilmington, DE 19850-5298	H	Value \$ 297,000.00			
Account No. xxxxxx6985		March 14, 2006 Second Mortgage Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.		193,094.73	13,347.60
Citibank, N.A. P.O. Box 769004 San Antonio, TX 78245-9004	J	Value \$ 297,000.00			
Account No. 6626xx		2006 Mortgage Real property and rental located at 2011 Highway 17N, Unit 1900B and Garage Unit Number 603, Mount Pleasant, South Carolina; TMS: 558-00-00-726 (Unit 1900B) TMS: 558-00-00-867 (Garage Unit 603);		148,743.64	0.00
Colonial Savings & Loan Mortgage 2624 West Freeway Fort Worth, TX 76102-7109	H	Value \$ 150,000.00			
			Subtotal (Total of this page)	548,207.53	102,755.77

1 continuation sheets attached

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. xxx-x5-029			2010 through 2012 Statutory Lien Real property and residence located at 5227 Wilshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.					
Cuyahoga County Fiscal Officer 1219 Ontario Street Cleveland, OH 44113	J		Value \$ 297,000.00				291.88	0.00
Account No. xxxxxxxxx5 059			August 26, 2011 Judgment Lien Real property and residence located at 5227 Wilshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.					
Huntington National Bank P.O. Box 182232, NC1W32 Columbus, OH 43218-2232	X J		Value \$ 297,000.00				340,702.84	340,702.84
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims				Subtotal (Total of this page)			340,994.72	340,702.84
				Total (Report on Summary of Schedules)			889,202.25	443,458.61

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units****TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
					0.00	
Account No. xx-xxx2180		June 30, 2011 Possible personal liability for corporate withholding tax obligation		28,967.50		28,967.50
Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346	X H		X		0.00	
Account No. xx-xxx2180		September 30, 2011 Possible personal liability for corporate withholding tax obligation		3,597.07		3,597.07
Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346	X H		X		0.00	
Account No. xx-xxx2180		June 30, 2012 Possible personal liability for corporate withholding tax obligation		3,702.96		3,702.96
Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346	X H		X		0.00	
Account No. xxxx4106		2012 Possible personal liability for corporate obligation		2,075.71		2,075.71
Ohio Bureau of Workers Compensation Attn: Law Section Bankruptcy Unit P.O. Box 15567 Columbus, OH 43215-0567	X H		X		0.00	
Account No. xxxx4370		February 2012 Possible personal liability for corporate obligation		725.92		725.92
Ohio Department of Job and Family Services Attn: Collections Department P.O. Box 182404 Columbus, OH 43218-2404	X H		X		0.00	
Sheet 1 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims				Subtotal (Total of this page)	2,801.63	
					39,069.16	36,267.53

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units****TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
Account No. xxxx4370		March 2011 Possible personal liability for corporate obligation			330.16	
Ohio Department of Job and Family Services Attn: Collections Department P.O. Box 182404 Columbus, OH 43218-2404	X H		X	330.16	0.00	
Account No. xxxx5620		August 2011 Possible personal liability for corporate sales tax obligation			0.00	
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H			3,865.44	3,865.44	
Account No. xxxx8078		March 2012 Possible personal liability for corporate obligation			324.56	
Ohio Department of Taxation Commercial Activity Tax P.O. Box 16678 Columbus, OH 43216-6678	X H		X	324.56	0.00	
Account No. xxxx9913		January 2012 Possible personal liability for corporate sales tax obligation			0.00	
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H		X	538.17	538.17	
Account No. xxxx1517		October through December 2011 Possible personal liability for corporate use tax obligation			1,205.51	
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H		X X	1,205.51	0.00	
Sheet 2 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims				Subtotal (Total of this page)	1,860.23	
				6,263.84	4,403.61	

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units****TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY			AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			CONTINGENT	UNLIQUIDATED	DISPUTED		
Account No. xxxx9913		December 2011 Possible personal liability for corporate sales tax obligation			X		0.00
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H					1,743.54	1,743.54
Account No. xxxx1517		January through March 2012 Possible personal liability for corporate use tax obligation			X		1,384.34
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H					1,384.34	0.00
Account No. xxxx9913		March 2012 Possible personal liability for corporate sales tax obligation			X		205.99
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H					599.87	393.88
Account No. xxxx9913		February 2012 Possible personal liability for corporate sales tax obligation			X		0.00
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H					725.37	725.37
Account No. xxxx9913		October 2011 Possible personal liability for corporate sales tax obligation			X		0.00
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	H					316.10	316.10
Sheet 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Total of this page)			1,590.33	3,178.89
						4,769.22	

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts Owed to Governmental Units

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY			AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			CONTINGENT	UNLIQUIDATED	DISPUTED		
Account No. xxxx9913		November 2011 Possible personal liability for corporate sales tax obligation			X		0.00
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H					179.08	179.08
Account No. xxxx9913		July 2011 Possible personal liability for corporate sales tax obligation			X		0.00
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H				X	446.62	446.62
Account No. xxxxxxxx xxxxxx6088		December 31, 2011 Possible personal liability for corporate withholding tax obligation			X		0.00
Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530	X H				X	5,926.31	5,926.31
Account No. xxxxx2180		2011 Possible personal liability for corporate withholding tax obligation			X		0.00
Regional Income Tax Agency P.O. Box 477900 Broadview Heights, OH 44147	X H				X	4,016.59	4,016.59
Account No.							
Sheet <u>4</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims			Subtotal (Total of this page)			<u>0.00</u>	<u>0.00</u>
						<u>10,568.60</u>	<u>10,568.60</u>
			Total (Report on Summary of Schedules)			<u>6,252.19</u>	<u>6,252.19</u>
						<u>60,670.82</u>	<u>54,418.63</u>

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. x0089						
ABC Fire Inc. 10250 Royalton Road North Royalton, OH 44133	X	2011 and 2012 Possible personal liability for corporate obligation			X	
Account No. xxxx9347						
ACE Business Solutions 6599 Granger Road Independence, OH 44131-1415	X	2012 Possible personal liability for corporate obligation			X	
Account No. xxxx xxxx xxxx 9010						
Advanta Credit Cards P.O. Box 9217 Old Bethpage, NY 11804	X	2006 through 2009 Purchases upon open account				
Account No. 9294						
Aetna Plywood, Inc. 4315 Solutions Center Chicago, IL 60677-4003	X	2011 Possible personal liability for corporate obligation			X	
Subtotal (Total of this page)						32,629.22
18 continuation sheets attached						

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxx5593						
Ally Financial P.O. Box 380902 Minneapolis, MN 55438-0902	X H	2009 Possible personal liability for corporate obligation		X		814.89
Account No. xxxx7460						
AmeriGas Propane L.P. 2540 Warren Drive, Suite C Rocklin, CA 95677	X H	June 2012 Listed for precaution only		X		59.25
Account No. xxxx8780						
AmeriGas Propane LP 1143 Elm Street Grafton, OH 44044-1300	X H	2012 Possible personal liability for corporate obligation		X		209.33
Account No. xx3692						
Ascensus, Inc. Attention: Finance Department 415 8th Avenue NE Brainerd, MN 56401	X H	2012 Possible personal liability for corporate obligation		X		741.27
Account No. xxx xxx xxxx 273 1						
AT&T P.O. Box 5080 Carol Stream, IL 60197-5080	X H	2012 Possible personal liability for corporate obligation				1,884.35
Sheet no. <u>1</u> of <u>18</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,709.09

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxxxxxxxxx-x0800						
AT&T Advertising Solutions P.O. Box 5081 Carol Stream, IL 60197-5081	X H	2012 Possible personal liability for corporate obligation		X		1,401.97
Account No. 5140						
Austin Carter Supply P.O. Box 77 Litchfield, OH 44253-0077	X H	June 2011 Possible personal liability for corporate obligation		X		473.65
Account No. xxxx xxxx xx0 733						
Bank of America, N.A. P.O. Box 15026 Wilmington, DE 19850-5026	X J	2008 through 2011 Personal guarantee of corporate obligation				74,000.00
Account No. xxxx xxxx xxxx 6124						
Bank of America, N.A. P.O. Box 15026 Wilmington, DE 19850-5026	X H	2005 through 2009 Personal guarantee of corporate obligation				99,004.90
Account No. x0410						
Big D Glass & Mirror Company 590 Pearl Road Brunswick, OH 44212	X H	2011 and 2012 Possible personal liability for corporate obligation		X		1,701.05
Sheet no. 2 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			176,581.57

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. 4203						
Boggs Tool Processing 14100 Orange Avenue Paramount, CA 90723	X H	2010 Possible personal liability for corporate obligation			X	67.67
Account No. xxxx xxxx xxxx 2967						
Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130-0285	X H	2009 through 2011 Purchases upon open account				1,326.79
Account No. xxxxx xxxx 0081						
Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130-0285	X H	February 23, 2007 Personal guarantee of corporate obligation				78,384.54
Account No. xxxx xxxx xxxx 6412						
Charter One Bank Commercial Card P.O. Box 18290 Bridgeport, CT 06601-3290	X H	2007 Personal guarantee of corporate obligation				21,580.28
Account No. xxxxxx8406						
Charter One Bank One Citizens Drive Riverside, RI 02915-3000	X H	2012 Possible personal liability for corporate obligation			X	71.86
Sheet no. 3 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			101,431.14

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxx xxxx xxxx 8380		2006 through 2009 Purchases upon open account				
Chase Bank USA, N.A. Cardmember Services P.O. Box 15298 Wilmington, DE 19850-5298	X H					34,575.00
Account No. xxxx xxxx xxxx 7952	H	2007 through 2010 Purchases upon open account				
Chase Bank USA, N.A. Cardmember Services P.O. Box 15298 Wilmington, DE 19850-5298	H					36,083.00
Account No. xxxx xxxx xxxx 6461	H	2011 and 2012 Purchases upon open account				
Chase Bank USA, N.A. Cardmember Services P.O. Box 15298 Wilmington, DE 19850-5298	H					738.46
Account No. 14716634xxxx	W	2008 Medical services				
Children's Physicians, Inc. 4575 Everhard Road NW Canton, OH 44718	W					109.00
Account No. xxxxxxx0000	X H	2012 Possible personal liability for corporate obligation			X	
City of Cleveland Division of Water 1201 Lakeside Avenue Cleveland, OH 44114-1132	X H					91.49
Sheet no. <u>4</u> of <u>18</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<u>71,596.95</u>

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xx8246						
Cleveland Plywood Company 5900 Harvard Avenue Cleveland, OH 44105	X H	2011 Possible personal liability for corporate obligation			X	4,542.22
Account No. xxxx xxxx6057						
CNA Surety P.O. Box 802876 Chicago, IL 60680-2876	X H	2012 Possible personal liability for corporate obligation			X	102.74
Account No. xxxxxxxx xxx 000 5						
Columbia Gas of Ohio Revenue Recovery 200 Civic Center Drive Columbus, OH 43215	X H	2012 Possible personal liability for corporate obligation			X	443.12
Account No. Unknown						
Communication Solutions, Inc. 5898 State Road Cleveland, OH 44134	X H	2011 Possible personal liability for corporate obligation			X	145.46
Account No. x0352						
Conestoga Wood Specialties Corp. P.O. Box 62603 Baltimore, MD 21264-2603	X H	2011 Possible personal liability for corporate obligation			X	1,485.88
Sheet no. 5 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			6,719.42

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. x9171, x9086, x8966, & x8839		November 2011 through February 2012 Personal guarantee of corporate obligation				
Cooper Enterprises Inc. P.O. Box 50 Shelby, OH 44875	X H					6,384.04
Account No. xxxxx7-100		2012 Possible personal liability for corporate obligation			X	
COSE/Medical Mutual P.O. Box 951922 Cleveland, OH 44193	X H					5,222.34
Account No. 910		April 2012 Possible personal liability for corporate obligation			X	
Courier One LLC P.O. Box 1263 Twinsburg, OH 44087	X H				X	80.50
Account No. Unknown		2010 Possible personal liability for corporate obligation			X	
CSI 4511 Brookpark Road Cleveland, OH 44134	X H				X	145.46
Account No. 043		2012 Possible personal liability for corporate obligation			X	
Cuyahoga County Board of Health 5550 Venture Drive Parma, OH 44130	X H				X	175.00
Sheet no. <u>6</u> of <u>18</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			12,007.34

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx-x2-006		2009 through 2012 Listed for precaution only				
Cuyahoga County Fiscal Officer 1219 Ontario Street Cleveland, OH 44113	X H					25,014.82
Account No. xxx1097		October 14, 2008 Personal guarantee of corporate obligation				
Francis David Corporation dba Electronic Merchant Systems 5005 Rockside Road, PH 100 Cleveland, OH 44131	X J					4,455.50
Account No. xxx5597		2012 Possible personal liability for corporate obligation			X	
Frank Gates Services Co/Attenta 5000 Bradenton Avenue Dublin, OH 43017	X H					384.00
Account No. xxxxxx4613		2012 Possible personal liability for corporate obligation			X	
Gerald E. Fuerst, Clerk of Courts Civil Clerk, 1st Floor Justice Center 1200 Ontario Street Cleveland, OH 44113	X H					35.75
Account No. xx8911		August 2011 Possible personal liability for corporate obligation			X	
Glass Doctor Northeast Ohio Main Office P.O. Box 603098 Cleveland, OH 44103	X H					723.34
Sheet no. 7 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			30,613.41

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xx4114		2009 Possible personal liability for corporate obligation			X	
Greater Cleveland Partnership 1240 Huron Road, East, Suite 300 Cleveland, OH 44115-1717	X H					370.00
Account No. xx-xx4003		2012 Possible personal liability for corporate obligation			X	
Guardian Life Insurance Company P.O. Box 26050 Lehigh Valley, PA 18002-6050	X H					50.00
Account No. xxxx xx x xxx3198		2011 Possible personal liability for corporate obligation			X	
H & A Insurance Agency 5575 Pearl Road Cleveland, OH 44129	X H					8,516.00
Account No. xxC440		March, April, and May 2012 Possible personal liability for corporate obligation			X	
Hardware Resources, Inc. P.O. Box 347030 Pittsburgh, PA 15251	X H					1,551.69
Account No. xxxx1413		2011 Overdraft upon deposit account			X	
Huntington National Bank P.O. Box 182232, NC1W32 Columbus, OH 43218-2232	X H					1,332.95
Sheet no. 8 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			11,820.64

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			T	U	L	
Account No. xxxx xxxx xxxx 1426		2012 Possible personal liability for corporate obligation				
Huntington National Bank P.O. Box 182232, NC1W32 Columbus, OH 43218-2232	X H			X		1,103.33
Account No. xxxxxx9757		2012 Possible personal liability for corporate obligation				
Intuit Inc. P.O. Box 2981 Phoenix, AZ 85062-2981	X H			X		445.00
Account No. xxECUS		2011 Possible personal liability for corporate obligation				
Iron A Way 220 West Jackson Morton, IL 61550-1551	X H			X		210.54
Account No. 1000001160xxxx		2012 Overdraft upon deposit account				
KeyBank, N.A. 4910 Tiedeman Road OH-01-51-0562 Cleveland, OH 44144-2338	J					145.00
Account No. Unknown		December 23, 2010 Listed for precaution only				
Suzie Putich Kisling 8010 Robin Lane Brecksville, OH 44141	X H			X		Unknown
Sheet no. 9 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,903.87

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx xxxx xxx403 3		2010 and 2011 Possible personal liability for corporate obligation			X	
Lowe's P.O. Box 981064 El Paso, TX 79998-1064	X H					2,346.21
Account No. xx xxx x2 804		2011 and 2012 Possible personal liability for corporate obligation			X	
Marathon Petroleum Company LP 539 South Main Street CCC-Maildesk Findlay, OH 45840	X H					2,606.92
Account No. xx6544		2011 Listed for precaution only			X	
Mid Continent Cabinetry 3020 Denmark Avenue, Suite 100 Saint Paul, MN 55121	X H					0.00
Account No. 2176		2011 and 2012 Possible personal liability for corporate obligation			X	
MMI Supply Company 1314 Marquette Street Cleveland, OH 44114-3922	X H					624.08
Account No. xxxxxxxxIRCC		2011 Possible personal liability for corporate obligation			X	
Northern Contours Inc. 409 South Roberts Street Fergus Falls, MN 56537	X H					7,053.43
Sheet no. 10 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			12,630.64

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			T	U	N	
Account No. xxxx8504		2010 Medical services				
Parma Community General Hospital 7007 Powers Boulevard Cleveland, OH 44129-5495	W					291.00
Account No. xxxxxxxx-5165		2012 Possible personal liability for corporate obligation				
Penske Truck Leasing Co., L.P. P.O. Box 802577 Chicago, IL 60680-2577	X H				X	11,338.00
Account No. xxxx-xxxx-xxxx-9244		2011 and 2012 Possible personal liability for corporate obligation				
Pitney Bowes, Inc. 500 Ross Street, Suite 154-0470 Pittsburgh, PA 15262-0001	X H				X	2,668.99
Account No. xxxxxxxx xxx xxxx3000		2008 Personal guarantee of corporate obligation				
PNC Equipment Finance, LLC 995 Dalton Avenue Cincinnati, OH 45203	X H					10,637.25
Account No. x8H06		2012 Possible personal liability for corporate obligation				
Praxair Distribution Inc. 14788 York Road North Royalton, OH 44133	X H				X	884.59
Sheet no. 11 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			25,819.83

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxxxx20.40						
Premoule America Thermoplastic Door 270 Des Grands Lacs St-Augustin-De-Desmaures Quebec, CANADA G3A 2K1	X H	2010 Possible personal liability for corporate obligation		X		562.04
Account No. x8705						
Richelieu America Ltd. 7021 Sterling Ponds Boulevard Sterling Heights, MI 48312-5809	X H	2011 Possible personal liability for corporate obligation		X		62.16
Account No. xx0615						
Royalton Recorder P.O. Box 33122 13737 State Road North Royalton, OH 44133	X H	2011 Possible personal liability for corporate obligation		X		354.00
Account No. x0017						
Sandy Plumbing Company, Inc. 11921 Prospect Road Strongsville, OH 44149	X H	2011 Possible personal liability for corporate obligation		X		100.00
Account No. Leclairs						
Sartschev & Associates, LLC 11565 Pearl Road, Suite 300 Strongsville, OH 44136	X H	2011 and 2012 Possible personal liability for corporate obligation		X		7,918.62
Sheet no. 12 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			8,996.82

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xpot 1		2011 and 2012 Possible personal liability for corporate obligation			X	
Sartschev & Associates, LLC 11565 Pearl Road, Suite 300 Strongsville, OH 44136	X H					785.00
Account No. Unknown		December 21, 2011 Possible personal liability for corporate obligation			X	
Shand Enterprises 678 Wall Road Wadsworth, OH 44281	X H				X	2,320.50
Account No. xxxxx0015		2012 Possible personal liability for corporate obligation			X	
Sprint Customer Service P.O. Box 8077 London, KY 40742	X H				X	1,437.16
Account No. 3349xxxx		2010 Medical services				
St. Vincent Charity Medical Center 2351 East 22nd Street Cleveland, OH 44115	H					892.00
Account No. xxxx xxxx xxxx 5347		2011 and 2012 Possible personal liability for corporate obligation			X	
Staples Credit Plan Customer Service Center 4740 121st Street Urbandale, IA 50323	X H				X	2,309.53
Sheet no. 13 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			7,744.19

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 6461						
Strongsville Chamber of Commerce 18829 Royalton Road Strongsville, OH 44136	X H	2012 Possible personal liability for corporate obligation		X		100.00
Account No. xxxx1590						
Superior Electric Supply Company 9445 West Ridge Road P.O. Box 509 Elyria, OH 44036	X H	2011 Possible personal liability for corporate obligation		X		36.29
Account No. 9024						
The Home Depot Credit Services P.O. Box 653000 Dallas, TX 75265-3000	X H	2010 and 2011 Possible personal liability for corporate obligation		X		3,243.81
Account No. xxxxxxxxxx0773						
The Home Depot Credit Services P.O. Box 653000 Dallas, TX 75265-3000	X H	November 2011 Possible personal liability for corporate obligation		X		30.00
Account No. xxx xxx xx2 242						
The Illuminating Company P.O. Box 3638 Akron, OH 44309-3638	X H	2012 Possible personal liability for corporate obligation		X		4,010.19
Sheet no. 14 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			7,420.29

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. LECLAIR						
The Ohio Council of Retail Merchant 50 West Broad Street, Suite 2020 Columbus, OH 43215	X H	2010 Possible personal liability for corporate obligation		X		300.00
Account No. xxxx xxxx x 1532						
The Sherwin-Williams Company Accounts Receivable Department 15032 Pearl Road Strongsville, OH 44136-5023	X H	July and August 2011 Possible personal liability for corporate obligation		X		581.69
Account No. 56						
True Value Hardware 13500 Prospect Road Strongsville, OH 44149	X H	2012 Possible personal liability for corporate obligation		X		89.50
Account No. xxxxx xxxx4024						
Tyco Integrated Security LLC 10405 Crosspoint Boulevard Indianapolis, IN 46256	X H	2011 and 2012 Possible personal liability for corporate obligation		X		1,644.11
Account No. xxxx xxxx xxxx 1819						
U.S. Bank, N.A. Retail Payment Solutions P.O. Box 5229 Cincinnati, OH 45201	H	2010 through 2012 Purchases upon open account				10,121.60
Sheet no. <u>15</u> of <u>18</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			12,736.90

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx5145		2012 Overdraft upon deposit account				
U.S. Bank, N.A. Recovery Department P.O. Box 5227 CN-OH-W15 Cincinnati, OH 45202-5227	X H			X		1,563.31
Account No. xxxxxxxxxxxx5152		2012 Overdraft upon deposit account				
U.S. Bank, N.A. Recovery Department P.O. Box 5227 CN-OH-W15 Cincinnati, OH 45202-5227	X H			X		402.82
Account No. 0982		July 2012 Overdraft upon deposit account				
U.S. Bank, N.A. Bennetts Corner Office 2716 Boston Road Hinckley, OH 44233-9498	H					117.77
Account No. xxxxxxxxxxxx1040		2012 Possible personal liability for corporate obligation				
U.S. Bank, N.A. Recovery Department P.O. Box 5227, ML CN-OH-W15 Cincinnati, OH 45202-5227	X H			X		117.09
Account No. xxxxxx1000		September 24, 2004 Personal guarantee of corporate obligation				
VFC Partners 18 LLC 6400 Imperial Drive Waco, TX 76712	X J					434,543.04
Sheet no. <u>16</u> of <u>18</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			436,744.03

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. Unknown		2010 Monies loaned				
JoAnn M. Vodrazka 7805 Valley Villas Drive Parma, OH 44130	J					45,000.00
Account No. xxx5505		2012 Possible personal liability for corporate obligation			X	
Weingold Rubbish Company 3915 East 91st Street Cleveland, OH 44105	X H					823.41
Account No. xxxxxx3833		December 29, 2006 Personal guarantee of corporate obligation				
Wells Fargo Bank, N.A. 101 North Phillips Avenue Sioux Falls, SD 57104	X J					248,574.89
Account No. xxxx xxxx xxxx 8502		2008 through 2011 Purchases upon open account				
Wells Fargo Financial Cards P.O. Box 14517 Des Moines, IA 50306	X H					13,961.51
Account No. xxxxx9771		2012 Possible personal liability for corporate obligation			X	
Western Reserve Group 1685 Cleveland Road Wooster, OH 44691	X H					2,008.99
Sheet no. 17 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			310,368.80

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx-x2-006		2010 Listed for precaution only				
Woods Cove II, LLC P.O. Box 7055 Beverly Hills, CA 90212	X J					23,347.65
Account No. x5555		January 2012 Possible personal liability for corporate obligation			X	
Ziegler Tools, Inc. P.O. Box 43685 Atlanta, GA 30336-0685	X H					41.53
Account No.						
Account No.						
Account No.						
Sheet no. 18 of 18 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			23,389.18
			Total (Report on Summary of Schedules)			1,294,863.33

In re **Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

**JoAnn M. Vodrazka
7805 Valley Villas Drive
Parma, OH 44130**

**Informal lease of 2008 Mazda CX7 for payment of
\$291.15 per month commencing (The Debtor's
lease from mother-in-law who purchased car for
them when they were unable to obtain credit to do
so)**

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re

Wayne Scott LeClair,
Debra Susan LeClair

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Mid Continent Cabinetry 3020 Denmark Avenue, Suite 100 Saint Paul, MN 55121
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Huntington National Bank P.O. Box 182232, NC1W32 Columbus, OH 43218-2232
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Cooper Enterprises Inc. P.O. Box 50 Shelby, OH 44875
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Charter One Bank Commercial Card P.O. Box 18290 Bridgeport, CT 06601-3290
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Bank of America, N.A. P.O. Box 15026 Wilmington, DE 19850-5026
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Advanta Credit Cards P.O. Box 9217 Old Bethpage, NY 11804
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130-0285
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Chase Bank USA, N.A. Cardmember Services P.O. Box 15298 Wilmington, DE 19850-5298
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	U.S. Bank, N.A. Recovery Department P.O. Box 5227 CN-OH-W15 Cincinnati, OH 45202-5227

In re

**Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	U.S. Bank, N.A. Recovery Department P.O. Box 5227 CN-OH-W15 Cincinnati, OH 45202-5227
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Tyco Integrated Security LLC 10405 Crosspoint Boulevard Indianapolis, IN 46256
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	AT&T Advertising Solutions P.O. Box 5081 Carol Stream, IL 60197-5081
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Sprint Customer Service P.O. Box 8077 London, KY 40742
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	The Sherwin-Williams Company Accounts Receivable Department 15032 Pearl Road Strongsville, OH 44136-5023
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Job and Family Services Attn: Collections Department P.O. Box 182404 Columbus, OH 43218-2404
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Huntington National Bank P.O. Box 182232, NC1W32 Columbus, OH 43218-2232
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Staples Credit Plan Customer Service Center 4740 121st Street Urbandale, IA 50323
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Gerald E. Fuerst, Clerk of Courts Civil Clerk, 1st Floor Justice Center 1200 Ontario Street Cleveland, OH 44113
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Sartschev & Associates, LLC 11565 Pearl Road, Suite 300 Strongsville, OH 44136
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	AmeriGas Propane LP 1143 Elm Street Grafton, OH 44044-1300

In re

Wayne Scott LeClair,
Debra Susan LeClair

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	City of Cleveland Division of Water 1201 Lakeside Avenue Cleveland, OH 44114-1132
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	COSE/Medical Mutual P.O. Box 951922 Cleveland, OH 44193
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Penske Truck Leasing Co., L.P. P.O. Box 802577 Chicago, IL 60680-2577
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	ACE Business Solutions 6599 Granger Road Independence, OH 44131-1415
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Big D Glass & Mirror Company 590 Pearl Road Brunswick, OH 44212
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Hardware Resources, Inc. P.O. Box 347030 Pittsburgh, PA 15251
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Praxair Distribution Inc. 14788 York Road North Royalton, OH 44133
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	True Value Hardware 13500 Prospect Road Strongsville, OH 44149
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Richelieu America Ltd. 7021 Sterling Ponds Boulevard Sterling Heights, MI 48312-5809
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Courier One LLC P.O. Box 1263 Twinsburg, OH 44087
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Columbia Gas of Ohio Revenue Recovery 200 Civic Center Drive Columbus, OH 43215
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Cuyahoga County Board of Health 5550 Venture Drive Parma, OH 44130
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Frank Gates Services Co/Attenta 5000 Bradenton Avenue Dublin, OH 43017

In re

**Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	The Home Depot Credit Services P.O. Box 653000 Dallas, TX 75265-3000
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ascensus, Inc. Attention: Finance Department 415 8th Avenue NE Brainerd, MN 56401
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	H & A Insurance Agency 5575 Pearl Road Cleveland, OH 44129
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	The Illuminating Company P.O. Box 3638 Akron, OH 44309-3638
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	ABC Fire Inc. 10250 Royalton Road North Royalton, OH 44133
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Communication Solutions, Inc. 5898 State Road Cleveland, OH 44134
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ally Financial P.O. Box 380902 Minneapolis, MN 55438-0902
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Austin Carter Supply P.O. Box 77 Litchfield, OH 44253-0077
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Marathon Petroleum Company LP 539 South Main Street CCC-Maildesk Findlay, OH 45840
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Cleveland Plywood Company 5900 Harvard Avenue Cleveland, OH 44105
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Conestoga Wood Specialties Corp. P.O. Box 62603 Baltimore, MD 21264-2603
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	MMI Supply Company 1314 Marquette Street Cleveland, OH 44114-3922
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Northern Contours Inc. 409 South Roberts Street Fergus Falls, MN 56537

In re

Wayne Scott LeClair,
Debra Susan LeClair

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Pitney Bowes, Inc. 500 Ross Street, Suite 154-0470 Pittsburgh, PA 15262-0001
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Premoule America Thermoplastic Door 270 Des Grands Lacs St-Augustin-De-Desmaures Quebec, CANADA G3A 2K1
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Superior Electric Supply Company 9445 West Ridge Road P.O. Box 509 Elyria, OH 44036
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Weingold Rubbish Company 3915 East 91st Street Cleveland, OH 44105
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ziegler Tools, Inc. P.O. Box 43685 Atlanta, GA 30336-0685
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	The Home Depot Credit Services P.O. Box 653000 Dallas, TX 75265-3000
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	The Ohio Council of Retail Merchant 50 West Broad Street, Suite 2020 Columbus, OH 43215
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Greater Cleveland Partnership 1240 Huron Road, East, Suite 300 Cleveland, OH 44115-1717
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Strongsville Chamber of Commerce 18829 Royalton Road Strongsville, OH 44136
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Lowe's P.O. Box 981064 El Paso, TX 79998-1064
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Royalton Recorder P.O. Box 33122 13737 State Road North Royalton, OH 44133
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	CNA Surety P.O. Box 802876 Chicago, IL 60680-2876

In re

Wayne Scott LeClair,
Debra Susan LeClair

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Boggs Tool Processing 14100 Orange Avenue Paramount, CA 90723
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Aetna Plywood, Inc. 4315 Solutions Center Chicago, IL 60677-4003
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Intuit Inc. P.O. Box 2981 Phoenix, AZ 85062-2981
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Iron A Way 220 West Jackson Morton, IL 61550-1551
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Sandy Plumbing Company, Inc. 11921 Prospect Road Strongsville, OH 44149
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Glass Doctor Northeast Ohio Main Office P.O. Box 603098 Cleveland, OH 44103
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	CSI 4511 Brookpark Road Cleveland, OH 44134
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Wells Fargo Financial Cards P.O. Box 14517 Des Moines, IA 50306
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Guardian Life Insurance Company P.O. Box 26050 Lehigh Valley, PA 18002-6050
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	AT&T P.O. Box 5080 Carol Stream, IL 60197-5080
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Huntington National Bank P.O. Box 182232, NC1W32 Columbus, OH 43218-2232
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Francis David Corporation dba Electronic Merchant Systems 5005 Rockside Road, PH 100 Cleveland, OH 44131
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Bank of America, N.A. P.O. Box 15026 Wilmington, DE 19850-5026

In re

Wayne Scott LeClair,
Debra Susan LeClair

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	PNC Equipment Finance, LLC 995 Dalton Avenue Cincinnati, OH 45203
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Charter One Bank One Citizens Drive Riverside, RI 02915-3000
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Capital One Bank P.O. Box 30285 Salt Lake City, UT 84130-0285
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	U.S. Bank, N.A. Recovery Department P.O. Box 5227, ML CN-OH-W15 Cincinnati, OH 45202-5227
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Western Reserve Group 1685 Cleveland Road Wooster, OH 44691
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Bureau of Workers Compensation Attn: Law Section Bankruptcy Unit P.O. Box 15567 Columbus, OH 43215-0567
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Commercial Activity Tax P.O. Box 16678 Columbus, OH 43216-6678
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530

In re

Wayne Scott LeClair,
Debra Susan LeClair

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Regional Income Tax Agency P.O. Box 477900 Broadview Heights, OH 44147
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Job and Family Services Attn: Collections Department P.O. Box 182404 Columbus, OH 43218-2404
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Shand Enterprises 678 Wall Road Wadsworth, OH 44281
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Ohio Department of Taxation Attn: Bankruptcy Division P.O. Box 530 Columbus, OH 43216-0530

In re

**Wayne Scott LeClair,
Debra Susan LeClair**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	Suzie Putich Kisling 8010 Robin Lane Brecksville, OH 44141
Leclairs Custom Cabinetry Inc. 21706 Lunn Road Strongsville, OH 44149-4816	AmeriGas Propane L.P. 2540 Warren Drive, Suite C Rocklin, CA 95677
Spot 1 Ltd. 21706 Lunn Road Strongsville, OH 44149	Huntington National Bank P.O. Box 182232, NC1W32 Columbus, OH 43218-2232
Spot 1 Ltd. 21706 Lunn Road Strongsville, OH 44149	Cuyahoga County Fiscal Officer 1219 Ontario Street Cleveland, OH 44113
Spot 1 Ltd. 21706 Lunn Road Strongsville, OH 44149	Woods Cove II, LLC P.O. Box 7055 Beverly Hills, CA 90212
Spot 1 Ltd. 21706 Lunn Road Strongsville, OH 44149	VFC Partners 18 LLC 6400 Imperial Drive Waco, TX 76712
Spot 1 Ltd. 21706 Lunn Road Strongsville, OH 44149	Wells Fargo Bank, N.A. 101 North Phillips Avenue Sioux Falls, SD 57104
Spot 1 Ltd. 21706 Lunn Road Strongsville, OH 44149	Sartschev & Associates, LLC 11565 Pearl Road, Suite 300 Strongsville, OH 44136

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Son	AGE(S): 8 years
Employment:	DEBTOR	SPOUSE
Occupation	Table games dealer	Physicians assistant
Name of Employer	Horseshoe Casino Cleveland	Parma Community General Hospital
How long employed	6 months	13 years
Address of Employer	Public Square Cleveland, OH 44113	7007 Powers Boulevard Cleveland, OH 44129-5495
INCOME: (Estimate of average or projected monthly income at time case filed)		
1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)	\$ <u>3,538.02</u>	\$ <u>8,089.77</u>
2. Estimate monthly overtime	\$ <u>0.00</u>	\$ <u>0.00</u>
3. SUBTOTAL	\$ <u>3,538.02</u>	\$ <u>8,089.77</u>
 4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and social security	\$ <u>517.01</u>	\$ <u>1,837.75</u>
b. Insurance	\$ <u>0.00</u>	\$ <u>394.14</u>
c. Union dues	\$ <u>0.00</u>	\$ <u>0.00</u>
d. Other (Specify):	<u>Contribution to retirement plan</u>	\$ <u>0.00</u>
	<u>Gaming license</u>	\$ <u>300.34</u>
		\$ <u>236.60</u>
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ <u>753.61</u>	\$ <u>2,532.23</u>
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ <u>2,784.41</u>	\$ <u>5,557.54</u>
7. Regular income from operation of business or profession or farm (Attach detailed statement)	\$ <u>0.00</u>	\$ <u>0.00</u>
8. Income from real property	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Interest and dividends	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ <u>0.00</u>	\$ <u>0.00</u>
11. Social security or government assistance (Specify):	\$ <u>0.00</u>	\$ <u>0.00</u>
12. Pension or retirement income	\$ <u>0.00</u>	\$ <u>0.00</u>
13. Other monthly income (Specify):	\$ <u>0.00</u>	\$ <u>0.00</u>
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ <u>0.00</u>	\$ <u>0.00</u>
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ <u>2,784.41</u>	\$ <u>5,557.54</u>
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)	\$ <u>8,341.95</u>	

(Report also on Summary of Schedules and, if applicable, on
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

The Debtors' tenant for the South Carolina house has terminated his tenancy as of the end of July 2012. The Debtors are seeking a new tenant.

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>1,945.06</u>
a. Are real estate taxes included?	Yes <u> </u> No <u>X</u>
b. Is property insurance included?	Yes <u> </u> No <u>X</u>
2. Utilities:	
a. Electricity and heating fuel	\$ <u>225.00</u>
b. Water and sewer	\$ <u>50.00</u>
c. Telephone	\$ <u>70.00</u>
d. Other <u>See Detailed Expense Attachment</u>	\$ <u>265.00</u>
3. Home maintenance (repairs and upkeep)	\$ <u>75.00</u>
4. Food	\$ <u>700.00</u>
5. Clothing	\$ <u>85.00</u>
6. Laundry and dry cleaning	\$ <u>15.00</u>
7. Medical and dental expenses	\$ <u>50.00</u>
8. Transportation (not including car payments)	\$ <u>390.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>75.00</u>
10. Charitable contributions	\$ <u>90.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$ <u>175.00</u>
b. Life	\$ <u>71.00</u>
c. Health	\$ <u>0.00</u>
d. Auto	\$ <u>125.00</u>
e. Other <u>Disability insurance</u>	\$ <u>53.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify) <u>Real property taxes for residence</u>	\$ <u>593.47</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ <u>268.00</u>
b. Other <u>See Detailed Expense Attachment</u>	\$ <u>2,171.17</u>
14. Alimony, maintenance, and support paid to others	\$ <u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$ <u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$ <u>0.00</u>
17. Other <u>Daycare</u>	\$ <u>100.00</u>
Other _____	\$ <u>0.00</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$ <u>7,591.70</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ <u>8,341.95</u>
b. Average monthly expenses from Line 18 above	\$ <u>7,591.70</u>
c. Monthly net income (a. minus b.)	\$ <u>750.25</u>

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment**Other Utility Expenditures:**

Cellular telephones	\$ 125.00
Cable	\$ 70.00
Internet access	\$ 70.00
Total Other Utility Expenditures	\$ 265.00

Other Installment Payments:

Citibank, N.A. (second mortgage on residence)	\$ 492.17
Colonial Savings & Loan Mortgage (rental property)	\$ 1,284.00
Homeowner's association fees for South Carolina	\$ 395.00
Total Other Installment Payments	\$ 2,171.17

United States Bankruptcy Court
Northern District of Ohio

In re **Wayne Scott LeClair**
Debra Susan LeClair

Debtor(s)

Case No.
Chapter

7

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 50 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date September 16, 2012

Signature /s/ Wayne Scott LeClair
Wayne Scott LeClair
Debtor

Date September 16, 2012

Signature /s/ Debra Susan LeClair
Debra Susan LeClair
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Northern District of Ohio

In re **Wayne Scott LeClair**
Debra Susan LeClair

Debtor(s)

Case No.
Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$54,626.00	Parma Community General Hospital - wife - 2010
\$56,087.18	Parma Community General Hospital - wife - 2011
\$65,738.03	Parma Community General Hospital - wife - 2012 to date
\$15,375.89	Horseshoe Cleveland Management LLC - husband - 2012 to date
\$-3,154.00	Rental income - 2010 (no receipts)
\$16,200.00	Rental income - 2011 (gross receipts)
\$10,800.00	Rental income - 2012 to date (Gross receipts)
\$-125,087.00	Leclairs Custom Cabinetry, Inc. - husband - 2010 (gross sales of \$1,447,564)
\$20,000.00	Leclairs Custom Cabinetry, Inc. - husband - 2011

AMOUNT	SOURCE
\$-20,000.00	Leclairs Custom Cabinetry, Inc. - husband - 2012 (estimated loss)
\$-54,641.00	Spot 1, Ltd. - husband - 2010
\$-60,000.00	Spot 1, Ltd. - husband - 2011 (estimated loss)
\$-40,000.00	Spot 1, Ltd. - husband - 2012 to date (estimated loss)

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
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3. Payments to creditors

None *Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
None <input checked="" type="checkbox"/> b. <i>Debtor whose debts are not primarily consumer debts:</i> List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
None <input checked="" type="checkbox"/> c. <i>All debtors:</i> List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
JoAnn M. Vodrazka 7805 Valley Villas Drive Parma, OH 44130 Mother of Debtor, Debra Leclair	January 30, March 1, March 30, April 30, and May 30, 2012	\$5,000.00	\$45,000.00

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Capital One Bank (USA), N.A. v. Wayne L. Leclair Case Number CV-12-782171	Suit for Money Only	Cuyahoga County Court of Common Pleas Cleveland, Ohio	Judgment
Huntington National Bank v. Leclairs Custom Cabinetry, Inc., et al. Case Number CV-12-774613	Suit for Money Only	Cuyahoga County Court of Common Pleas Cleveland, Ohio	Judgment
Francis David Corp. v. Leclair Custom Cabinetry, et al. Case Number CVF 1200785	Suit for Money Only	Garfield Heights Municipal Court Garfield Heights, Ohio	Judgment

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
Tools in back of truck at shop - value \$5,800.00	Theft of tools from back of truck at shop - insurance paid Leclairs Custom Cabinetry, Inc. the sum of \$5,800.00	April 2011
Wind and hail damage to roof of home	Covered by insurance. Roof replaced and paid the sum of \$24,000.00.	August and September 2012

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Stephen D. Hobt 1370 Ontario Street, Suite 450 Cleveland, OH 44113-1744	June 30, 2012 August 9, 2012 September 11, 2012	\$444.00 \$1,000.00 \$500.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Costel Popovici 6219 Fernwood Street NW Canton, OH 44718 No relation	October 2011	Sold 2005 Ford F250 truck for the sum of \$8,000.00.

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION
Firefighters Community Credit Union
2300 St. Clair Avenue
Cleveland, OH 44114

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
Checking account number xxxxxxxx37 and Savings account number xxxxxxxx37 0000 with balance of \$2,165.76	Closed April 25 2012

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Leclairs Custom Cabinetry Inc.	34-1712180	21706 Lunn Road Strongsville, OH 44149-4816	Cabinet manufacturer	August 1, 1988 through May 1, 2012
Spot 1 Ltd.	31-1547728	21706 Lunn Road Strongsville, OH 44149-4816	Real estate holding company	January 1, 1997 to present

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME _____ ADDRESS _____

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ■ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME **Sartschev & Associates, LLC** ADDRESS **11565 Pearl Road, Suite 300
Strongsville, OH 44136**

None ■ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS _____ DATE ISSUED _____

20. Inventories

None ■ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.
■

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
None	b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.	
NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
None	b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.	
NAME AND ADDRESS	TITLE	DATE OF TERMINATION

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 16, 2012

Signature /s/ Wayne Scott LeClair
Wayne Scott LeClair
Debtor

Date September 16, 2012

Signature /s/ Debra Susan LeClair
Debra Susan LeClair
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Northern District of Ohio

In re **Wayne Scott LeClair**
Debra Susan LeClair

Debtor(s)

Case No.

Chapter

7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name: CCO Mortgage Corporation	Describe Property Securing Debt: Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and make payments upon obligation</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2	
Creditor's Name: Chase Bank USA, N.A.	Describe Property Securing Debt: Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>avoid lien using 11 U.S.C. § 522(f)</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 3	
Creditor's Name: Citibank, N.A.	Describe Property Securing Debt: Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and make payments upon obligation</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 4	
Creditor's Name: Colonial Savings & Loan Mortgage	Describe Property Securing Debt: Real property and rental located at 2011 Highway 17N, Unit 1900B and Garage Unit Number 603, Mount Pleasant, South Carolina; TMS: 558-00-00-726 (Unit 1900B) TMS: 558-00-00-867 (Garage Unit 603); See attached legal description.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and make payments upon obligation</u> (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 5		
Creditor's Name: Cuyahoga County Fiscal Officer		Describe Property Securing Debt: Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained		
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>Retain and make payments upon obligation</u> (for example, avoid lien using 11 U.S.C. § 522(f)).		
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt		

Property No. 6		
Creditor's Name: Huntington National Bank		Describe Property Securing Debt: Real property and residence located at 5227 Wiltshire Road, North Royalton, Ohio; Permanent parcel numbers 486-15-019 and 486-15-029; See attached legal description.
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained		
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain <u>avoid lien using 11 U.S.C. § 522(f)</u> (for example, avoid lien using 11 U.S.C. § 522(f)).		
Property is (check one): <input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt		

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name: -NONE-	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date September 16, 2012

Signature /s/ Wayne Scott LeClair
Wayne Scott LeClair
Debtor

Date September 16, 2012

Signature /s/ Debra Susan LeClair
Debra Susan LeClair
Joint Debtor

United States Bankruptcy Court
Northern District of Ohio

In re Wayne Scott LeClair
Debra Susan LeClair

Debtor(s)

Case No.
Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ <u>5,000.00</u>
Prior to the filing of this statement I have received	\$ <u>1,944.00</u>
Balance Due	\$ <u>3,056.00</u>

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: September 16, 2012

/s/ Stephen D. Hobt

Stephen D. Hobt 0007681

Stephen D. Hobt

1370 Ontario Street, Suite 450

Cleveland, OH 44113-1744

(216) 771-4949 Fax: (216) 771-5353

shobt@aol.com

ABC Fire Inc.
10250 Royalton Road
North Royalton, OH 44133

ACE Business Solutions
6599 Granger Road
Independence, OH 44131-1415

ADT Security Services, Inc.
14200 East Exposition Avenue
Aurora, CO 80012

Advanta Credit Cards
P.O. Box 9217
Old Bethpage, NY 11804

Aetna Plywood, Inc.
4315 Solutions Center
Chicago, IL 60677-4003

AG Adjustments Ltd.
740 Walt Whitman Road
Melville, NY 11747-9090

Ally Financial
P.O. Box 380902
Minneapolis, MN 55438-0902

AmerAssist A/R Solutions, Inc.
P.O. Box 26095
Columbus, OH 43226

American Recovery Service Inc.
555 St. Charles Drive, Suite 100
Thousand Oaks, CA 91360

AmeriGas Propane L.P.
2540 Warren Drive, Suite C
Rocklin, CA 95677

AmeriGas Propane LP
1143 Elm Street
Grafton, OH 44044-1300

Andrews Bolden & Associates
P.O. Box 110712
Cleveland, OH 44111

Apelles
P.O. Box 1197
Westerville, OH 43086-1197

Ascensus, Inc.
Attention: Finance Department
415 8th Avenue NE
Brainerd, MN 56401

Ascensus, Inc.
P.O. Box 979
Brainerd, MN 56401

AT&T
P.O. Box 5080
Carol Stream, IL 60197-5080

AT&T Advertising Solutions
P.O. Box 5081
Carol Stream, IL 60197-5081

AT&T Advertising Solutions
Customer Service Center
P.O. Box 34131
Little Rock, AR 72203

Austin Carter Supply
P.O. Box 77
Litchfield, OH 44253-0077

Avident
5000 Bradenton Avenue
Dublin, OH 43017

Bank of America, N.A.
P.O. Box 15026
Wilmington, DE 19850-5026

Bernlohr, Niekamp & Weisensell LLP
The Nantucket Building
23 South Main Street, Third Floor
Akron, OH 44308

Big D Glass & Mirror Company
590 Pearl Road
Brunswick, OH 44212

Boggs Tool Processing
14100 Orange Avenue
Paramount, CA 90723

CACSI
16011 College Boulevard, Suite 101
Lenexa, KS 66219

Caine & Weiner
P.O. Box 5010
Woodland Hills, CA 91365-5010

Capital One Bank
P.O. Box 30285
Salt Lake City, UT 84130-0285

Carlisle, McNellie, Rini,
Kramer & Ulrich
24755 Chagrin Boulevard
Suite 200
Beachwood, OH 44122-4531

CCO Mortgage Corporation
Attention: Customer Service
P.O. Box 6260
Glen Allen, VA 23058-6260

Charter One Bank
Commercial Card
P.O. Box 18290
Bridgeport, CT 06601-3290

Charter One Bank
One Citizens Drive
Riverside, RI 02915-3000

Chase Bank USA, N.A.
Cardmember Services
P.O. Box 15298
Wilmington, DE 19850-5298

Children's Physicians, Inc.
4575 Everhard Road NW
Canton, OH 44718

Citibank, N.A.
P.O. Box 769004
San Antonio, TX 78245-9004

City of Cleveland Division of Water
1201 Lakeside Avenue
Cleveland, OH 44114-1132

Cleveland Plywood Company
5900 Harvard Avenue
Cleveland, OH 44105

CNA Surety
P.O. Box 802876
Chicago, IL 60680-2876

Coface Collections North America
P.O. Box 8510
Metairie, LA 70011-8510

Matthew J.P. Coffman, Esq.
471 East Broad Street, 12th Floor
Columbus, OH 43215

Colonial Savings & Loan Mortgage
2624 West Freeway
Fort Worth, TX 76102-7109

Columbia Gas of Ohio
Revenue Recovery
200 Civic Center Drive
Columbus, OH 43215

Columbia Gas of Ohio
Revenue Recovery
P.O. Box 2318
Columbus, OH 43216

Commercial Collection Corp. of NY
34 Seymour Street
Tonawanda, NY 14150

Communication Solutions, Inc.
5898 State Road
Cleveland, OH 44134

Conestoga Wood Specialties Corp.
P.O. Box 62603
Baltimore, MD 21264-2603

Cooper Enterprises Inc.
P.O. Box 50
Shelby, OH 44875

COSE/Medical Mutual
P.O. Box 951922
Cleveland, OH 44193

Courier One LLC
P.O. Box 1263
Twinsburg, OH 44087

Courier Plus
265 Ken Mar Industrial Parkway
Broadview Heights, OH 44147

CSI
4511 Brookpark Road
Cleveland, OH 44134

Cuyahoga County Board of Health
5550 Venture Drive
Parma, OH 44130

Cuyahoga County Fiscal Officer
1219 Ontario Street
Cleveland, OH 44113

Divine and Service, Ltd.
13809 Research Boulevard, Suite 800
Austin, TX 78750

First Federal Credit Control Inc.
24700 Chagrin Boulevard, Suite 205
Beachwood, OH 44122-5662

Francis David Corporation
dba Electronic Merchant Systems
5005 Rockside Road, PH 100
Cleveland, OH 44131

Frank Gates Services Co/Attenta
5000 Bradenton Avenue
Dublin, OH 43017

GC Services Limited Partnership
6330 Gulfton
Houston, TX 77081

GE Money Bank
Attn: Bankruptcy Department
P.O. Box 103104
Roswell, GA 30076

Gerald E. Fuerst, Clerk of Courts
Civil Clerk, 1st Floor
Justice Center
1200 Ontario Street
Cleveland, OH 44113

Glass Doctor
Northeast Ohio Main Office
P.O. Box 603098
Cleveland, OH 44103

Greater Cleveland Partnership
1240 Huron Road, East, Suite 300
Cleveland, OH 44115-1717

Guardian Life Insurance Company
P.O. Box 26050
Lehigh Valley, PA 18002-6050

H & A Insurance Agency
5575 Pearl Road
Cleveland, OH 44129

Hancock & Associates, Inc.
5575 Pearl Road
Cleveland, OH 44129

Hardware Resources, Inc.
P.O. Box 347030
Pittsburgh, PA 15251

Hardware Resources, Inc.
Attn: Accounting Department
4319 Marlena Street
Bossier City, LA 71111

Holdsworth Financial Group
Attention Tim Holdsworth
40 Eagle Valley Court
Broadview Heights, OH 44147

Huntington National Bank
P.O. Box 182232, NC1W32
Columbus, OH 43218-2232

Huntington National Bank
2361 Morse Road, NC2W12
Columbus, OH 43229

Ingold Law
572 Main Street
Williamsville, NY 14221

Internal Revenue Service
Centralized Insolvency Operations
P.O. Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
Insolvency Group 6
1240 East Ninth Street - Room 493
Cleveland, OH 44199

Intuit Inc.
P.O. Box 2981
Phoenix, AZ 85062-2981

Iron A Way
220 West Jackson
Morton, IL 61550-1551

KeyBank, N.A.
4910 Tiedeman Road
OH-01-51-0562
Cleveland, OH 44144-2338

Suzie Putich Kisling
8010 Robin Lane
Brecksville, OH 44141

Leading Edge Recovery Solutions
5440 North Cumberland Avenue
Suite 300
Chicago, IL 60656-1490

Leake & Andersson LLP
1100 Poydras Street, Suite 1700
New Orleans, LA 70163

Leclairs Custom Cabinetry Inc.
21706 Lunn Road
Strongsville, OH 44149-4816

Lowe's
P.O. Box 981064
El Paso, TX 79998-1064

Marathon Petroleum Company LP
539 South Main Street
CCC-Maildesk
Findlay, OH 45840

Messerli & Kramer P.A.
3033 Campus Drive, Suite 250
Plymouth, MN 55441

Mid Continent Cabinetry
3020 Denmark Avenue, Suite 100
Saint Paul, MN 55121

MMI Supply Company
1314 Marquette Street
Cleveland, OH 44114-3922

NCO Financial Systems, Inc.
507 Prudential Road
Horsham, PA 19044

Norcraft Companies LP
NW 5683
P.O. Box 1450
Minneapolis, MN 55485-5683

Northern Contours Inc.
409 South Roberts Street
Fergus Falls, MN 56537

Office of the Attorney General
Collections Enforcement Section
150 East Gay Street
Columbus, OH 43215-3191

Office of the Ohio Attorney General
Collections Enforcement Section
150 East Gay Street
Columbus, OH 43215-3191

Office of the U.S. Attorney
Carl B. Stokes U.S. Court House
801 West Superior Avenue, Suite 400
Cleveland, OH 44113-1852

Ohio Bureau of Workers Compensation
Attn: Law Section Bankruptcy Unit
P.O. Box 15567
Columbus, OH 43215-0567

Ohio Department of Job and
Family Services
Attn: Collections Department
P.O. Box 182404
Columbus, OH 43218-2404

Ohio Department of Taxation
Attn: Bankruptcy Division
P.O. Box 530
Columbus, OH 43216-0530

Ohio Department of Taxation
Commercial Activity Tax
P.O. Box 16678
Columbus, OH 43216-6678

Parma Community General Hospital
7007 Powers Boulevard
Cleveland, OH 44129-5495

Penske Truck Leasing Co., L.P.
P.O. Box 802577
Chicago, IL 60680-2577

Pitney Bowes, Inc.
500 Ross Street, Suite 154-0470
Pittsburgh, PA 15262-0001

Plaza Recovery, Inc.
JAF Station, P.O. Box 2769
New York, NY 10116-2769

PNC Equipment Finance, LLC
995 Dalton Avenue
Cincinnati, OH 45203

Praxair Distribution Inc.
14788 York Road
North Royalton, OH 44133

Premoule America Thermoplastic Door
270 Des Grands Lacs
St-Augustin-De-Desmaures
Quebec, CANADA G3A 2K1

Regional Income Tax Agency
P.O. Box 477900
Broadview Heights, OH 44147

RGS Financial
P.O. Box 852039
Richardson, TX 75085-2039

Richelieu America Ltd.
7021 Sterling Ponds Boulevard
Sterling Heights, MI 48312-5809

River Collection & Recovery Service
P.O. Box 992
Elk River, MN 55330-0992

Royalton Recorder
P.O. Box 33122
13737 State Road
North Royalton, OH 44133

Sandy Plumbing Company, Inc.
11921 Prospect Road
Strongsville, OH 44149

Sartschev & Associates, LLC
11565 Pearl Road, Suite 300
Strongsville, OH 44136

Shand Enterprises
678 Wall Road
Wadsworth, OH 44281

Egon P. Singerman, Esq.
Park Center II, Suite 410
3681 Green Road
Cleveland, OH 44122

Spot 1 Ltd.
21706 Lunn Road
Strongsville, OH 44149

Sprint Customer Service
P.O. Box 8077
London, KY 40742

St. Vincent Charity Medical Center
2351 East 22nd Street
Cleveland, OH 44115

Staples Credit Plan
Customer Service Center
4740 121st Street
Urbandale, IA 50323

Staples Credit Plan
P.O. Box 790449
Saint Louis, MO 63179-0449

Staples Credit Services
P.O. Box 6024
Sioux Falls, SD 57117-6024

Strongsville Chamber of Commerce
18829 Royalton Road
Strongsville, OH 44136

Superior Electric Supply Company
9445 West Ridge Road
P.O. Box 509
Elyria, OH 44036

TCF
P.O. Box 77077
Minneapolis, MN 55480-7777

TCF Equipment Finance
11100 Wayzata Boulevard, Suite 801
Minnetonka, MN 55305

Team Recovery Inc.
3914 Clock Pointe Trail
Stow, OH 44224-2931

The Home Depot Credit Services
P.O. Box 653000
Dallas, TX 75265-3000

The Illuminating Company
P.O. Box 3638
Akron, OH 44309-3638

The Ohio Council of Retail Merchant
50 West Broad Street, Suite 2020
Columbus, OH 43215

The Sherwin-Williams Company
Accounts Receivable Department
15032 Pearl Road
Strongsville, OH 44136-5023

TRS Recovery Services, Inc.
5251 Westheimer
Houston, TX 77056

True Value Hardware
13500 Prospect Road
Strongsville, OH 44149

Tyco Integrated Security LLC
10405 Crosspoint Boulevard
Indianapolis, IN 46256

U.S. Bank, N.A.
Retail Payment Solutions
P.O. Box 5229
Cincinnati, OH 45201

U.S. Bank, N.A.
Recovery Department
P.O. Box 5227
CN-OH-W15
Cincinnati, OH 45202-5227

U.S. Bank, N.A.
Bennetts Corner Office
2716 Boston Road
Hinckley, OH 44233-9498

U.S. Bank, N.A.
Recovery Department
P.O. Box 5227, ML CN-OH-W15
Cincinnati, OH 45202-5227

U.S. Bank, N.A.
P.O. Box 108
Saint Louis, MO 63166

UCB Collections
5620 Southwyck Boulevard
Toledo, OH 43614-1539

United Collection Bureau, Inc.
5620 Southwyck Boulevard, Suite 206
Toledo, OH 43614

United States Attorney General
Main Justice Building
10th & Constitution Avenue, N.W.
Washington, DC 20530

VFC Partners 18 LLC
6400 Imperial Drive
Waco, TX 76712

VFC Partners 18 LLC
c/o FirstCity Servicing Corporation
P.O. Box 8216
Waco, TX 76714-8216

JoAnn M. Vodrazka
7805 Valley Villas Drive
Parma, OH 44130

Weingold Rubbish Company
3915 East 91st Street
Cleveland, OH 44105

Wells Business Banking
MAC N9306-100 Dept. #34431
P.O. Box 39000
San Francisco, CA 94139

Wells Fargo Bank, N.A.
101 North Phillips Avenue
Sioux Falls, SD 57104

Wells Fargo Financial Cards
P.O. Box 14517
Des Moines, IA 50306

Weltman, Weinberg & Reis Co., LPA
323 West Lakeside Avenue, Suite 200
Cleveland, OH 44113

Western Reserve Group
1685 Cleveland Road
Wooster, OH 44691

Woods Cove II, LLC
P.O. Box 7055
Beverly Hills, CA 90212

Ziegler Tools, Inc.
P.O. Box 43685
Atlanta, GA 30336-0685

In re Wayne Scott LeClair
Debra Susan LeClair
Debtor(s)
Case Number: _____
(If known)

According to the information required to be entered on this statement
(check one box as directed in Part I, III, or VI of this statement):

The presumption arises.
 The presumption does not arise.
 The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p>Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p>Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</p> <p><input type="checkbox"/> Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and <input type="checkbox"/> I remain on active duty /or/ <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/ <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.														
2	a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11. b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11. c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.													
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Column A Debtor's Income											
3	Gross wages, salary, tips, bonuses, overtime, commissions.		\$											
4	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.		Column B Spouse's Income											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b. Ordinary and necessary business expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c. Business income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>		Debtor	Spouse	a. Gross receipts	\$	\$	b. Ordinary and necessary business expenses	\$	\$	c. Business income	Subtract Line b from Line a		Column A Debtor's Income
	Debtor	Spouse												
a. Gross receipts	\$	\$												
b. Ordinary and necessary business expenses	\$	\$												
c. Business income	Subtract Line b from Line a													
5	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.		Column B Spouse's Income											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a. Gross receipts</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b. Ordinary and necessary operating expenses</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>c. Rent and other real property income</td> <td colspan="2" style="text-align: center;">Subtract Line b from Line a</td> </tr> </tbody> </table>		Debtor	Spouse	a. Gross receipts	\$	\$	b. Ordinary and necessary operating expenses	\$	\$	c. Rent and other real property income	Subtract Line b from Line a		Column A Debtor's Income
	Debtor	Spouse												
a. Gross receipts	\$	\$												
b. Ordinary and necessary operating expenses	\$	\$												
c. Rent and other real property income	Subtract Line b from Line a													
6	Interest, dividends, and royalties.		\$											
7	Pension and retirement income.		\$											
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		Column B Spouse's Income											
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:		Column A Debtor's Income											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td> <td style="width: 30%; text-align: center;">Debtor \$</td> <td style="width: 30%; text-align: center;">Spouse \$</td> </tr> </table>	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$	Column B Spouse's Income									
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$	Spouse \$												
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.		Column A Debtor's Income											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Debtor</th> <th style="text-align: center;">Spouse</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>b.</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>		Debtor	Spouse	a.	\$	\$	b.	\$	\$	Column B Spouse's Income			
	Debtor	Spouse												
a.	\$	\$												
b.	\$	\$												
	Total and enter on Line 10		\$											
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		Column A Debtor's Income											
			Column B Spouse's Income											

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$
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Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: _____	b. Enter debtor's household size: _____
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed. <input type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	\$

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$
17	Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. a. _____ \$ b. _____ \$ c. _____ \$ d. _____ \$	\$
	Total and enter on Line 17	\$
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. <table border="1" data-bbox="204 1647 1281 1763"> <tr> <th colspan="2">Persons under 65 years of age</th> <th colspan="2">Persons 65 years of age or older</th> </tr> <tr> <td>a1.</td> <td>Allowance per person</td> <td>a2.</td> <td>Allowance per person</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td>b2.</td> <td>Number of persons</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>c2.</td> <td>Subtotal</td> </tr> </table>	Persons under 65 years of age		Persons 65 years of age or older		a1.	Allowance per person	a2.	Allowance per person	b1.	Number of persons	b2.	Number of persons	c1.	Subtotal	c2.	Subtotal	\$
Persons under 65 years of age		Persons 65 years of age or older																
a1.	Allowance per person	a2.	Allowance per person															
b1.	Number of persons	b2.	Number of persons															
c1.	Subtotal	c2.	Subtotal															
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																

20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 80%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>			a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$											
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$											
c.	Net mortgage/rental expense	Subtract Line b from Line a.											
21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>			\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>			\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>			\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 80%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>			a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$											
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$											
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.											
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 80%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </table>			a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$											
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$											
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.											
25	<p>Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.</p>			\$									

26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$

Subpart B: Additional Living Expense Deductions

Note: Do not include any expenses that you have listed in Lines 19-32

34	<p>Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.</p> <table border="1"> <tr> <td>a.</td><td>Health Insurance</td><td>\$</td></tr> <tr> <td>b.</td><td>Disability Insurance</td><td>\$</td></tr> <tr> <td>c.</td><td>Health Savings Account</td><td>\$</td></tr> </table> <p>Total and enter on Line 34.</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$

Subpart C: Deductions for Debt Payment

42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$															
	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> <td>\$</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines	\$	\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?													
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no													
			Total: Add Lines	\$													
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$															
	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines</td> </tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$				Total: Add Lines	\$			
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount														
a.			\$														
			Total: Add Lines														
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$															
45	Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.	\$															
	<table border="1" style="width: 100%;"> <tbody> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td> <td>x</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td>Total: Multiply Lines a and b</td> </tr> </tbody> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	x	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$						
a.	Projected average monthly Chapter 13 plan payment.	\$															
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c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b															
46	Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$															

Subpart D: Total Deductions from Income

47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$
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Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION

48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$
50	Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$

52	Initial presumption determination. Check the applicable box and proceed as directed. <p><input type="checkbox"/> The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55).</p>	
53	Enter the amount of your total non-priority unsecured debt	\$
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$
55	Secondary presumption determination. Check the applicable box and proceed as directed. <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>	

Part VII. ADDITIONAL EXPENSE CLAIMS

56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.																			
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 80%;">Expense Description</th> <th style="width: 10%;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>d.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td></td> <td style="text-align: right;">Total: Add Lines a, b, c, and d</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>		Expense Description	Monthly Amount	a.		\$	b.		\$	c.		\$	d.		\$		Total: Add Lines a, b, c, and d	\$	
	Expense Description	Monthly Amount																		
a.		\$																		
b.		\$																		
c.		\$																		
d.		\$																		
	Total: Add Lines a, b, c, and d	\$																		

Part VIII. VERIFICATION

57	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors must sign.)	
	Date: <u>September 16, 2012</u>	Signature: <u>/s/ Wayne Scott LeClair</u> Wayne Scott LeClair (Debtor)
	Date: <u>September 16, 2012</u>	Signature <u>/s/ Debra Susan LeClair</u> Debra Susan LeClair (Joint Debtor, if any)

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **03/01/2012** to **08/31/2012**.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Horseshoe Cleveland Management LLC**

Income by Month:

6 Months Ago:	<u>03/2012</u>	<u>\$0.00</u>
5 Months Ago:	<u>04/2012</u>	<u>\$0.00</u>
4 Months Ago:	<u>05/2012</u>	<u>\$1,498.67</u>
3 Months Ago:	<u>06/2012</u>	<u>\$3,265.86</u>
2 Months Ago:	<u>07/2012</u>	<u>\$3,200.27</u>
Last Month:	<u>08/2012</u>	<u>\$5,654.22</u>
	Average per month:	<u>\$2,269.84</u>

Line 5 - Rent and other real property income

Source of Income: **2011 Highway 17N, Mount Pleasant SC**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<u>03/2012</u>	<u>\$1,350.00</u>	<u>\$0.00</u>	<u>\$1,350.00</u>
5 Months Ago:	<u>04/2012</u>	<u>\$1,350.00</u>	<u>\$0.00</u>	<u>\$1,350.00</u>
4 Months Ago:	<u>05/2012</u>	<u>\$1,350.00</u>	<u>\$0.00</u>	<u>\$1,350.00</u>
3 Months Ago:	<u>06/2012</u>	<u>\$1,350.00</u>	<u>\$0.00</u>	<u>\$1,350.00</u>
2 Months Ago:	<u>07/2012</u>	<u>\$1,350.00</u>	<u>\$0.00</u>	<u>\$1,350.00</u>
Last Month:	<u>08/2012</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>
	Average per month:	<u>\$1,125.00</u>	<u>\$0.00</u>	<u>\$1,125.00</u>
		Average Monthly NET Income:		\$1,125.00

Current Monthly Income Details for the Debtor's Spouse**Spouse Income Details:**Income for the Period **03/01/2012** to **08/31/2012**.**Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Parma Community General Hospital**

Income by Month:

6 Months Ago:	<u>03/2012</u>	<u>\$10,883.88</u>
5 Months Ago:	<u>04/2012</u>	<u>\$6,230.22</u>
4 Months Ago:	<u>05/2012</u>	<u>\$7,377.14</u>
3 Months Ago:	<u>06/2012</u>	<u>\$7,082.07</u>
2 Months Ago:	<u>07/2012</u>	<u>\$6,992.27</u>
Last Month:	<u>08/2012</u>	<u>\$9,973.06</u>
	Average per month:	<u>\$8,089.77</u>